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after LC administration. Serum albumin, creatinine, and alkaline phosphatase levels did not change significantly during the 12-week treatment period. The P and the parathyroid hormone levels decreased after LC administration. Abdominal X-ray examination revealed digested LC tablets, in a variety of forms, through the intestinal tract in 37 patients (94.9%). The two patients without any digested LC fragment were still hyperphosphatemic after LC prescription, and they admitted not to have taken LC. Their serum P levels rapidly decreased after a series of medication counseling. In conclusion, this study suggested that abdominal X-ray might be useful tool for assessing medication adherence in patients receiving LC.

http://dx.doi.org/10.1016/j.krcp.2012.04.503

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INFLUENCE OF DIET, EXERCISE, AND DIETICIAN'S ON THE INCIDENCE AND SURVIVAL OF JAPANESE DIALYSIS PATIENTS

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It is known that there are distinct regional differences in the incidence and prevalence of dialysis, as well as the survival of dialysis patients in Japan. We investigated the relationship between diet, the level of exercise, and the incidence of dialysis due to diabetes mellitus (DM) and chronic glomerulonephritis (CGN). We also investigated the influence of access to full-time and part-time dieticians at dialysis centers on survival. We used data for the 47 prefectures of Japan from the National Nutrition Survey 1995-99 ($n=38,003$) and the Japanese Society for Dialysis Therapy 2005-07 ($n=45,033$). The impact of each factor was assessed by univariate regression analysis. Univariate analysis showed that body mass index (BMI) ($r=0.296$, $p=0.022$), intake of fish and shellfish ($r=-0.254$, $p=0.043$), and the intake of meat ($r=0.275$, $p=0.031$) were correlated with the incidence of new patients starting dialysis due to DM. In addition, the BMI ($r=0.355$, $p=0.014$), number of steps walked daily ($r=-0.358$, $p=0.014$), intake of green and yellow vegetables ($r=-0.424$, $p=0.003$), intake of fish and shellfish ($r=-0.358$, p=0.014), and intake of milk ($r=-0.529$, $p<0.001$) were correlated with the incidence of new patients starting dialysis due to CGN. Access to full-time dieticians was correlated with the 1-year survival of new dialysis patients ($r=0.294$, $p=0.023$), but not access to part-time dieticians. We conclude that nutritional advice might play an important role in survival in dialysis patients.

http://dx.doi.org/10.1016/j.krcp.2012.04.504

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COMPARISON OF DIALYSIS EFFICIENCY AND NUTRITIONAL PARAMETERS AMONG ELDERLY HEMODIALYSIS PATIENTS

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Nutritional markers are important predictors of morbidity and mortality in dialysis patients. We investigated dialysis efficiency indicators and nutritional parameters of 82 elderly patients who started to receive hemodialysis treatment and lasted more than a year in our hospital for last 5 years. 20 patients were expired during treatment period and 62 patients are alive. The indicators were measured at one year after the initiation of dialysis and the most recent time or the most recent time before death. Differences in the means between the groups were evaluated by un-paired Student's t-test. In survival group, urea reduction rate (URR), Kt/V/week, normalized protein catabolic rate (nPCR), serum total cholesterol were higher than those of death group.

Post-hemodialysis 1 year	Survival group	Death group	*p* value
URR (%)	69.86 ± 4.85	66.07 ± 12.09	0.05
Kt/V/week	4.78 ± 1.35	3.91 ± 0.75	0.01
nPCR (g/kg/day)	1.10 ± 0.25	0.96 ± 0.16	0.01
Hemoglobin (g/dL)	10.70 ± 0.77	9.97 ± 0.93	0.00
T. cholesterol (mg/dL)	168.52 ± 37.22	145.80 ± 54.02	0.04

The most recent time	Survival group	Death group	*p* value
URR (%)	72.44 ± 3.77	68.47 ± 5.90	0.00
Kt/V/week	4.95 ± 1.24	4.19 ± 0.68	0.01
nPCR (g/kg/day)	1.20 ± 0.60	0.85 ± 0.30	0.02
Hemoglobin (g/dL)	10.47 ± 1.49	9.79 ± 1.25	0.07
T. cholesterol (mg/dL)	159.52 ± 31.97	130.20 ± 32.79	0.00

In conclusion, these results imply that elderly hemodialysis patients may require adequate dialysis manage and special nutritional support.

http://dx.doi.org/10.1016/j.krcp.2012.04.505

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COMPARISON OF NUTRITIONAL PARAMETERS AFTER ABO INCOMPATIBLE LIVING DONOR RENAL TRANSPLANTATION

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The prevalence of malnutrition is high in patients on maintenance dialysis treatment in relation to low protein and energy intakes, metabolic disorders. We investigated the evolution of nutritional status during the first year after ABO incompatible living donor kidney transplantation (ABOI-LKT) in our hospital through assessment of chemical markers. A total of 16 kidney transplant recipients were followed during the first post-transplant year. Biochemical nutritional markers were assessed at 12 months later after ABOI-LKT. Differences in the means between the pre-transplant and post-transplant chemical markers were evaluated by paired Student's *t*-test.

	Pre-transplant	Post-transplant	*p* value
Body weight (kg)	57.74 ± 8.00	54.43 ± 7.62	0.00
S. hemoglobin (g/dL)	10.44 ± 1.32	12.04 ± 1.87	0.03
S. BUN (mg/dL)	46.55 ± 22.52	18.13 ± 5.88	0.00
S. creatinine (mg/dL)	8.06 ± 3.39	1.15 ± 0.57	0.00
S. calcium (mg/dL)	8.70 ± 1.10	9.12 ± 0.72	0.04
S. phosphate (mg/dL)	5.20 ± 2.05	2.50 ± 1.05	0.00
S. albumin (g/dL)	3.59 ± 0.52	4.06 ± 0.33	0.00
S. globulin (g/dL)	2.83 ± 0.52	2.49 ± 0.35	0.00
HDL (mg/dL)	47.80 ± 12.36	63.45 ± 16.97	0.00
Total bilirubin (mg/dL)	0.45 ± 0.13	0.78 ± 0.39	0.00
AST (IU/L)	14.20 ± 6.30	20.90 ± 8.78	0.01
ALT (IU/L)	12.75 ± 5.63	22.10 ± 12.53	0.01

By the end of the first year, serum hemoglobin, calcium, albumin, HDL, bilirubin, AST, ALT were increased statistically. But serum phosphate, globulin were decreased statistically. In conclusion, successful ABO incompatible living donor kidney transplantation would restore a normal nutritional status even though the patients were performed plasmapheresis during the pre-transplant period.

http://dx.doi.org/10.1016/j.krcp.2012.04.506

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ORAL SUPPLEMENTATION OF KETO/AMINO ACID DID NOT IMPROVE NUTRITIONAL STATUS IN MALNOURISHED HEMODIALYSIS PATIENTS

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